



# MEMBERSHIP APPLICATION

Please fill out and remit to a Chamber representative.  
Contact the Chamber at (801) 466-3377  
or info@sslchamber.com with any questions.

Business Name:
Primary Contact:
Title:
Address:
City / State / ZIP
Phone:
Email:
Website:
Business Category:
<input type="checkbox"/> \$200 (1-5 employees) <input type="checkbox"/> \$300 (6-10 employees) <input type="checkbox"/> \$400 (11-50 employees) <input type="checkbox"/> \$500 (51-100 employees) <input type="checkbox"/> \$600 (101-200 employees)
<input type="checkbox"/> \$700 (201-300 employees) <input type="checkbox"/> \$800 (301-400 employees) <input type="checkbox"/> \$900 (400+ employees) <input type="checkbox"/> Executive Circle/\$1000+ <b>Contact Chamber</b>
Billing Address
City / State / ZIP
Billing Phone:

I hereby apply for a membership with the South Salt Lake Chamber of Commerce

I agree that my annual investment will be \$\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Chamber Approval: \_\_\_\_\_ Date \_\_\_\_\_

Check Number:
Credit Card Number:
Expiration: _____ / _____ / _____ CCV: _____
Signature:

Mail to: SSL Chamber of Commerce, 2531 E. Morris Avenue, South Salt Lake, UT 84115